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An Institution's New Plan
of Work



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AN INSTITUTION'S NEW PLAN OF WORK

The program of the Methodist Orphans' Home Association in St. Louis, Missouri was completely reorganized as a result of a community survey in St. Louis made by the Child Welfare League of America in 1927. Miss Myrtle Evans, who for three years was a field representative on the staff of the Pennsylvania Bureau of Children, became the first Executive Secretary of the newly reorganized association. In this capacity she directs both the institutional staff who are in charge of the seventy-five children resident at the Home and the staff of social workers who make the admission investigations and do the other field work connected with later plans for the children, including foster home finding and placements.

At the request of a group of St. Louis social workers, Miss Evans recently gave an account of the developments of her first year's work. A copy of this address came to the notice of her former colleagues in the Pennsylvania Department of Welfare. It contained so much of interest to all workers in the institutional field of child care, and especially to Miss Evans' friends in Pennsylvania organizations, that her consent and that of her Board of Managers was secured for the publication and distribution of the article. We are very glad to have the opportunity to do this.

January 31, 1930.

MARY S. LABAREE,
Director, Bureau of Children.



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**A REPORT OF WHAT
THE METHODIST ORPHANS' HOME ASSOCIATION
ACCOMPLISHED AS A RESULT OF A SURVEY**

by

MYRTLE LOUISE EVANS, *Executive Secretary*

The success or failure of a survey depends in a large measure upon the attitude with which it is received by the organization which is studied. Surveys may be made from now until Doomsday but the results will be negligible unless the board of directors and executive are willing to accept the findings as an unprejudiced and impartial statement of its work, given in a spirit of helpfulness rather than a spirit of criticism.

If any results have been achieved in the Methodist Orphans' Home Association it is because our survey was made at a time, which was for us, the psychological moment. You remember that our board was maintaining, at great cost, two separate institutions—a Home for girls of all ages and boys of pre-school age, and a separate Home for boys of school age. Children came to us with amazing rapidity and stayed for long periods of time. When they reached the age of self-support we often found that hitherto uninterested relatives would suddenly discover what fine children they were and would offer them a home.

For a number of years our board had been vaguely dissatisfied and not knowing just how to proceed, representatives were sent to local and national conferences to find out what other children's institutions were doing. From numerous conferences with well known leaders in the child welfare field, our board gradually began to see that our two institutions were little less than "parking places" instead of real "service stations" for needy children. Our part time social worker could do little more than hit the high spots and sometimes even the high spots were missed.

Then the St. Louis Child Welfare Survey Committee was organized and our board said, "Here is our chance to find out what is wrong with our work. Perhaps we can discover just how an old fashioned institution may best serve the changing needs of children." So the survey was made and the board eagerly awaited the results.

The first recommendation was to close the Boys' Home which was badly in need of repair and concentrate our efforts in this building.

So the first step closed the Boys' Home in January, 1928. When plans were announced the board was surprised to find a number of mothers who were able to make immediate plans for the care of their boys. The services of the Children's Aid Society were enlisted in finding homes for a few older boys who had been in the institution too long already and who needed the more homelike atmosphere of a private home.

The rest of the boys who could not be provided for in other ways were brought to this building (the building that had housed the girls) and the name was changed to Methodist Home for Children.

In addition to numerous minor suggestions about our diet, recreation and health programs which were easily carried out, the most important recommendation of the Survey was that greater emphasis be placed upon the social service program. An Executive Secretary was employed whose job it would be to correlate the work of the institution with a well rounded program of social service.

A full time trained case worker was employed and immediately we began to make a more complete study of every new application and in addition we turned our attention to the family situations of children already in the Home.

We found that the number of children who were admitted to the Home varied in proportion to the amount of time that was spent on the preliminary investigation. Sometimes we discovered that institution care would have been a very poor plan for that particular child.

We found that there will always be a certain group of children that will never adjust to group life in an institution and in some instances we are doing the child a real injustice to admit him. Take for instance, the child with a congenital heart lesion who needs quiet and rest and freedom from strain and undue exertion. Such a child finds it difficult to compete with its more husky companions, and the nervous tension of living with so many other healthy children will postpone the day when the heart condition may be cured.

The shy, timid child; the little tot who is not really ill but who lacks endurance; the child who has been exposed to tuberculosis,—all need more individual care than the best of institutions can possibly give.

And so we began to develop our placing out department. At first we concentrated upon special problems of health and behavior. Among other things we began weeding out some of our older boys and girls who had been in the institution for many years and who resented living in an orphans' home. Their undesirable behavior is often merely an unconscious expression of their unhappiness and in order to be individuals in the Home, they have to "out-yell" every one else. In a foster home this need to be noticed and to win approval is satisfied in a more normal way. (We have never attempted to care for babies in our Home so this problem did not have to be met.)

Through the cooperation of the Child Guidance Clinic, we have been able to solve some of our behavior problems right here in the institution but at other times, individual care in a foster home seemed to be the only solution.

Let me tell you about seven-year-old Helen. Helen's father was dead, and her mother was mentally incapable of caring for her, so she lived in a dark, dirty basement with her aged grandparents and there was often not enough to eat. Three years ago a deaconess in one of our Methodist churches sent Helen to us, because she was being so badly neglected. In the institution Helen was shy and timid, but she was kind and sweet tempered, so willing and helpful that every one loved her dearly. Finally, when she failed for the third time to be promoted from the kindergarten, the workers in the Home began to ask themselves whether Helen was going to be mentally subnormal like her mother, and so she was given a mental test. Much to our

surprise we found that Helen was a child with superior intelligence and a most remarkable memory. It was plain to be seen that little Helen was lost in the shuffle in the large group of children.

She needed individual care and attention to bring out and develop her innate abilities, so a private home was found for Helen with a Methodist family in the suburbs, and the institution agreed to pay her board. Here she has a fine, shady yard to play in and several pets to care for and above all she has the pleasant companionship of her foster-mother's charming daughter. In this atmosphere of the normal family home little Helen is just blossoming, and the workers in the institution who have known her for several years, are amazed at the change which is apparent in the few short months that she has been living in this private home.

Our social worker is the connecting link between the clinic and the Home. She interprets to the staff at the Home the clinic findings and recommendations, and she carries back to the clinic the staff's reports of progress or failure to progress. House-mothers and other institution employees are included in the Clinic Staff Conference so that they may have some part in formulating the treatment plan which they must help to carry out. Of course, we cannot employ the "servant girl" type of house-mother if we expect her to work with us with any degree of intelligence.

In one particular instance we granted a monthly allowance to a fine little widow who should never have been separated from her children, and we hope in time to have an extensive Mothers' Aid program.

It has been a long tedious process to find suitable foster-homes. Child placing is a highly technical job and our knowledge of mental hygiene makes us often think long and seriously about our casual placements of years gone by.

In eighteen months time we have reduced our institution population from one hundred and fifty to seventy-five children but we now have twenty-three children in foster homes or with relatives. We feel that it is more worth while to provide better care for a smaller group of children who actually need our services than to spread ourselves out so thin, as it were, that the advantages of institutional life seem doubtful.

I think we have all come to recognize the fact that the progressive institutions of today are judged by a new measuring rod. That instead of priding ourselves upon the large number of children that we admit for care, we now pride ourselves upon the number of children that we are able to keep in their own homes or with desirable relatives.

We are looking forward to the time when our institution program will be completely overshadowed by our service to children outside the walls of this old building. There is still so much to be done, but we feel that if we step into line with those who have caught the vision of a new era in child care, that we shall be doing our little bit in helping to give the needy childhood of Missouri better care than they have ever had in the past.

